# MMNS

MORBIDITY AND MORTALITY WEEKLY REPORT

- 717 HIV-Related Beliefs, Knowledge, and Behaviors among High School Students
- 721 Update: Influenza United States, 1988–89 Season
- 727 Periconceptional Use of Multivitamins and the Occurrence of Anencephaly and Spina Bifida

# Current Trends

# HIV-Related Beliefs, Knowledge, and Behaviors among High School Students

In 1987, CDC began to assist state and local departments of education in assessing human immunodeficiency virus (HIV)-related beliefs, knowledge, and behaviors among high school students in states and cities with the highest cumulative incidence of acquired immunodeficiency syndrome (AIDS) (1,2). Departments of education will use the results of these surveys to plan school HIV education programs and to monitor temporal changes in HIV-related beliefs, knowledge, and behaviors among high school students. This report presents selected baseline data from surveys conducted during the spring of 1988.

A questionnaire for anonymous self-administration was developed collaboratively by representatives of 24 state and local departments of education, with technical assistance from CDC. The questionnaire contained 49 core questions: four to assess demographic characteristics of respondents, 33 to assess HIV-related beliefs and knowledge, and 12 to assess behaviors associated with HIV transmission. Each department of education that conducted the survey first completed the appropriate state or local survey review and approval process.

The survey included samples of students in grades 9–12 (ages 13–18 years) in each of six cities (Chicago, Los Angeles, New Orleans, New York City, San Francisco, and Seattle) and in each of nine states (California, District of Columbia\*, Kentucky, Michigan, New Jersey, New York, Ohio, Pennsylvania, and Washington). Samples from California, New York, and Washington excluded students in Los Angeles, San Francisco, New York City, and Seattle; data from these four cities were collected and analyzed separately. Each site chose which of the 49 questions to administer; nearly

<sup>\*</sup>District of Columbia is categorized as a state for funding purposes.

HIV - Continued

every site obtained information using all the questions regarding demographic characteristics and HIV-related beliefs and knowledge. Four sites (California, District of Columbia, Michigan, and San Francisco) used the 12 questions to assess the extent to which students engage in behaviors that may result in HIV infection.

Sampling strategies were designed to obtain a representative sample of students and varied among sites. Most sites used a geographically stratified cluster sample, randomly selecting schools within strata, then selecting classes within each selected school. Other sites used a random sample of schools, then randomly selected students at each school. Using standardized procedures, classroom teachers or department heads administered questionnaires in required classes, e.g., health education or homeroom.

Sample sizes in each site ranged from 778 to 7013 students, and the response rate of schools from each site ranged from 52% to 100% (Table 1). Because response rates of schools from some sites were less than 100%, results cannot be generalized, and comparison of the results among sites should be made with caution. Results are presented by site as unweighted crude rates.

Almost all respondents believed students their age should be taught about AIDS<sup>†</sup> in school (range, 89.0% to 96.8%). Knowledge about sources for correct information about AIDS varied greatly among sites (range, 41.1% to 70.5%).

The range of students who knew that AIDS is not transmitted through shaking hands was 85.5% to 95.6%; through giving blood, 27.8% to 53.3%; from mosquito or other insect bites, 28.9% to 46.8%; from using public toilets, 41.8% to 64.6%; and from having a blood test, 49.6% to 75.4% (Table 2). A range of 83.8% to 98.4% of students knew that AIDS is transmitted by sharing needles or syringes used to inject drugs; 88.3% to 98.1% knew that AIDS is transmitted through sexual intercourse.

High school students from four sites reported variable rates of intravenous (IV)-drug use and sexual intercourse (Table 3): 2.8% to 6.3% reported ever injecting cocaine, heroin, or other illegal drugs; 28.6% to 76.4% reported having had sexual intercourse at least once. At each site, more male than female students and more older than younger students reported ever injecting illegal drugs or ever having had sexual intercourse.

The percentage of students who reported having had three or more sex partners ranged from 15.1% to 42.6%. At each site, more male than female students (range for males, 24.2% to 67.3%; for females, 8.3% to 25.6%) and more older than younger students reported three or more sex partners (range for 13- and 14-year-olds, 7.5% to 45.5%; for 15- and 16-year-olds, 13.0% to 39.4%; and for 17- and 18-year-olds, 29.9% to 47.7%).

Reported by: R Rich, Office of Instruction, Los Angeles Unified School District; J Haskin, Health Programs, San Francisco Unified School District; B Bradley, Office of Critical Health Initiatives, California State Dept of Education. BJ Biehr, Dept of Curriculum, Chicago Public Schools. J Sadler, Office of Instruction, District of Columbia Public Schools. G Fitzhugh, Curriculum and Staff Development, Kentucky Dept of Education. W Jubb, Instructional Specialists Program, Michigan Dept of Education. C Turner, Div of General Academic Education, New Jersey State Dept of Education. C Dolese, Instructional Support Svcs, Orleans Parish School Board, Louisiana. G Abelson, Office of Health and Physical Education, New York City Board of Education; A Sheffield, Bur of Health and Drug Education and Svcs, New York State Education Dept. K Stofsick, Div of Elementary and Secondary Education, Ohio Dept of Education. M Sutter,

When the questionnaire was developed in 1987, representatives of state and local departments of education believed students would not understand the term "HIV infection"; thus, the term "AIDS" was used.

TABLE 1. Demographic characteristics and response rates of schools in selected cities and states, 1988

	Comple	School- level response	Gende	r (%)	Age o	group (yr	s) (%)					
Site*	Sample size	rate <sup>†</sup> (%)	Female	Male	13–14	15–16	17–18	White	Black	e/ethnicity Hispanic	Asian	Other
State												
California	7013	64	51	49	10	49	42	59	7	20	9	5
District of Columbia	1275	100	55	45	2	70	28	3	90	3	3	2
Kentucky	778	73	55	45	26	71	3	91	8	0	1	1
Michigan	991	100	51	49	7	49	43	75	19	3	1	2
New Jersey	2287	100	53	47	16	30	55	56	27	13	2	1
New York	3841	100	49	51	10	50	39	NA <sup>§</sup>	NA	NA	NA	NA
Ohio	803	57	53	47	8	55	37	88	9	1	1	1
Pennsylvania	6668	97	52	48	32	43	25	68	21	6	2	2
Washington	1137	52	48	52	45	52	3	NA	NA	NA	NA	NA
City												
Chicago	1254	100	48	52	19	53	29	11	64	19	4	2
Los Angeles	2142	100	49	51	1	83	17	21	24	33	15	7
New Orleans	2366	100	54	46	37	46	16	9	84	2	4	1
New York City	2813	100	58	42	10	50	40	NA	NA	NA	NA	NA
San Francisco	802	88	52	48	10	75	14	12	13	14	56	6
Seattle	1069	100	47	53	22	37	41	52	18	3	22	6

<sup>\*</sup>District of Columbia is categorized as a state for funding purposes.

†Number of schools conducting survey/number of schools sampled.

†Data not available.

HIV - Continued

TABLE 2. Percentage of correct responses for questions measuring knowledge of HIV transmission, by selected cities and states, 1988

		No	nrisk fac	tor		Risk factor				
Site*	Shaking hands	Giving blood	Insect bites	Using public toilets	Having a blood test	IV-drug use	Sexual intercourse			
State										
California	92.4	44.5	36.4	56.2	62.3	94.8	95.7			
District of Columbia	89.3	36.4	37.1	55.7	58.5	91.7	91.5			
Kentucky	91.6	48.8	37.6	50.8	64.4	95.6	94.3			
Michigan	93.5	49.1	37.3	54.4	66.6	96.4	96.2			
New Jersey	93.7	45.3	40.7	59.5	61.6	95.9	96.5			
New York	95.6	39.5	41.7	61.7	56.2	98.4	98.1			
Ohio	92.0	53.3	39.1	59.4	64.6	96.6	95.7			
Pennsylvania	93.0	49.0	46.8	64.6	63.9	$NA^{\dagger}$	NA			
Washington	94.3	NA	40.1	59.7	75.4	97.7	96.5			
City										
Chicago	89.3	28.0	30.4	54.1	58.1	89.1	88.3			
Los Angeles	86.9	27.8	28.9	45.8	49.6	91.2	93.8			
New Orleans	85.5	29.0	33.5	41.8	49.8	83.8	88.3			
New York City	94.8	29.8	41.9	60.1	56.0	98.4	96.9			
San Francisco	90.2	40.3	38.4	58.5	57.4	88.6	89.8			
Seattle	91.7	41.9	42.8	60.0	59.9	96.4	95.9			

<sup>\*</sup>District of Columbia is categorized as a state for funding purposes.

TABLE 3. Percentage of students reporting ever using IV drugs and ever having had sexual intercourse, by sex, age group, and selected cities and states, 1988

		Gende	r (%)	Age group (yrs) (%)									
Site	Total (%)	Female	Male	13–14	15–16	17–18							
			IV-drug	use									
California	4.1	2.6	5.7	2.8	3.9	4.3							
District of Columbia	6.3	4.6	8.7	*	4.0	8.9							
Michigan	2.8	2.1	3.4	3.2	3.2	1.3							
San Francisco	3.7	2.4	5.1	1.4	3.9	2.4							
		Sexual intercourse											
California	55.6	48.1	64.3	23.2	50.1	69.0							
District of Columbia	76.4	65.6	90.7	*	71.4	89.8							
Michigan	58.7	56.6	60.9	34.5	49.1	72.7							
San Francisco	28.6	22.1	37.3	15.9	26.7	48.0							

<sup>\*</sup>Less than 5% of subgroup in sample.

<sup>&</sup>lt;sup>†</sup>Data not available.

HIV - Continued

Bur of Curriculum and Instruction, Pennsylvania Dept of Education. D Danner, Basic Education Svcs, Seattle Public Schools; JA Maire, Special Svcs and Professional Programs, Washington State Education Dept. Div of Adolescent and School Health, Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: In the fall of 1987, CDC began providing fiscal and technical assistance to 15 state and 12 local departments of education that serve areas with the highest cumulative incidence of AIDS. The purpose of this assistance was to help schools implement effective HIV education programs. In the fall of 1988, this assistance was extended to departments of education in the remaining states and territories and in four other local departments of education. Some state and local departments of education are initiating a unique school-based system to assess whether important HIV-related beliefs, knowledge, and behaviors of high school students in their respective states and cities change over time. In ensuing years, department of education staff plan to improve the representativeness and response rate of samples and to begin assessing changes in other important health behaviors (e.g., drinking and driving, cigarette smoking, exercise) among high school students.

Baseline data reported here suggest that HIV-related beliefs, knowledge, and behaviors among the adolescents surveyed in 15 states and cities are generally similar. Many students incorrectly thought that HIV infection may be acquired from giving blood, using public toilets, or having a blood test or from mosquito and other insect bites. Most students knew sexual intercourse and IV-drug use can result in HIV infection. Students who reported using IV drugs or having sexual intercourse, particularly with multiple partners, are at risk for HIV infection. Departments of education should implement programs to correct misperceptions about HIV transmission, to reduce behaviors resulting in HIV infection, and to assess periodically whether these misperceptions and behaviors change among high school students over time (3).

#### References

- Kolbe L, Jones J, Nelson G, et al. School health education to prevent the spread of AIDS: overview of a national program. Hygie 1988;7(3):10–3.
- Kann L, Nelson GD, Jones JT, Kolbe L. Establishing a system of complementary school-based surveys to periodically assess AIDS-related knowledge, beliefs, and behaviors among adolescents. J Sch Health 1989 (in press).
- CDC. Guidelines for effective school health education to prevent the spread of AIDS. MMWR 1988;37(suppl S-2).

## Epidemiologic Notes and Reports

## Update: Influenza - United States, 1988-89 Season

National surveillance for the 1988–89 influenza season (1) began in October. As of November 26, one outbreak in Ohio and culture-confirmed, sporadically occurring cases in Arizona, Hawaii, Maryland, Michigan, and Texas have been reported to CDC.

On November 22, the first outbreak of the season was reported from Ohio. At the beginning of the school year, the Ohio Department of Health provides each school district with guidelines on recognizing possible outbreaks of influenza and other

### Influenza - Continued

diseases and requests that such outbreaks be reported promptly to the local or state health department. On November 14, an outbreak of influenza-like illness was reported to the state health department from one elementary and one middle school in the same school district. On November 16, throat swabs were obtained from eight ill children and a 25-year-old teacher in the elementary school. Influenza type B was recovered from the specimens obtained from the teacher and four of the children. All persons have recovered without complications.

Six cases of influenza type B virus have also been reported in children in Texas. The first case occurred in Houston in a 5-year-old boy who had onset of an upper respiratory infection (URI) with fever of 100 F (37.8 C) on October 11. A throat swab was taken 2 days later, and influenza type B virus was isolated on October 17. Although the patient's 11-year-old brother had symptoms of influenza-like illness on October 19, a specimen obtained from him on October 21 did not yield influenza virus.

(Continued on page 727)

TABLE I. Summary — cases of specified notifiable diseases, United States

	47	th Week End	ing	Cumulative, 47th Week Ending					
Disease	Nov. 26, 1988	Nov. 28, 1987	Median 1983-1987	Nov. 26, 1988	Nov. 28, 1987	Median 1983-1987			
Acquired Immunodeficiency Syndrome (AIDS)	358	U*	189	27,540	18,192	7,152			
Aseptic meningitis	141	163	163	6,115	10,385	9,919			
Encephalitis: Primary (arthropod-borne									
& unspec)	9	33	27	698	1,202	1,202			
Post-infectious	-	-	1	110	92	98			
Gonorrhea: Civilian	10,329	12,261	16,898	624,853	695,703	804,825			
Military	203	146	383	10,523	14,828	19,130			
Hepatitis: Type A	475	503	407	23,366	22,227	20,581			
Type B	398	464	484	20,241	22,943	23,325			
Non A, Non B	39	41	65	2,258	2,664	3,202			
Unspecified	69	47	99	2,102	2,801	4,643			
Legionellosis	8	9	14	872	870	693			
Leprosy	4	4	4	154	180	217			
Malaria	12	9	17	906	818	911			
Measles: Total <sup>†</sup>	77	15	32	2,716	3,538	2,670			
Indigenous	23	14	16	2,397	3,119	2,238			
Imported	54	. 1	1	319	419	303			
Meningococcal infections	21	45	45	2,516	2,632	2,406			
Mumps	60	114	59	4,141	11,635	2,987			
Pertussis	86	41	33	2,585	2,285	2,285			
Rubella (German measles)		_ 3	_12	187	324	597			
Syphilis (Primary & Secondary): Civilian	620	726	556	36,311	32,049	25,198			
Military	2	3	3	144	147	147			
Toxic Shock syndrome	6	_3	6	313	303	338			
Tuberculosis	280	453	453	19,003	19,306	19,306			
Tularemia	•	.2	2	170	185	185			
Typhoid Fever	10	13	6	356	314	341			
Typhus fever, tick-borne (RMSF)	.3	1	.3	596	582	729			
Rabies, animal	29	87	83	3,867	4,281	4,919			

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1988		Cum. 1988
Anthrax Botulism: Foodborne Infant (Pa. 1) Other Brucellosis (Tex. 4) Cholera (Nev. 1) Congenital rubella syndrome Congenital syphilis, ages < 1 year Diphtheria	26	Leptospirosis	41
	33	Plague	14
	3	Poliomyelitis, Paralytic	1
	62	Psittacosis (Mich. 1, Colo. 1)	80
	7	Rabies, human	-
	4	Tetanus	48
	426	Trichinosis	40

<sup>\*</sup>Because AIDS cases are not received weekly from all reporting areas, comparison of weekly figures may be misleading.

†Three of the 77 reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending November 26, 1988 and November 28, 1987 (47th Week)

	T	Aseptic	Encep	halitis			Н	epatitis (\	/iral), by	vpe		
Reporting Area	AIDS	Menin- gitis	Primary	Post-in- fectious		orrhea ilian)	A	В	NA,NB	Unspeci- fied	Legionel- losis	Leprosy
	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988
UNITED STATES	27,540	6,115	698	110	624,853	695,703	23,366	20,241	2,258	2,102	872	154
NEW ENGLAND	1,179	385	24	4	19,620	21,570	770	1,049	111	86	49	15
Maine N.H.	26 35	19 40	2 1	3	358 241	622 361	18 42	50 66	5 10	1 4	4	:
Vt.	10	29	7		107	201	14	39	6	4	5	-
Mass.	650 81	157 87	8	1	6,576 1,852	7,567 1,971	365 82	657 76	71 11	62	33 3	14 1
R.I. Conn.	377	53	6	-	10,486	10,848	249	161	8	15		:
MID. ATLANTIC	9,179	663	53	4	97,443	109,519	1,780	2,943	177	290	205	8
Upstate N.Y.	1,185	361	34	1	14,458	15,900	690	701 1.234	69 18	19 212	77 45	7
N.Y. City N.J.	5,070 2,152	129 61	8 11	3	39,700 14,267	58,378 14,848	329 410	670	60	42	40	í
Pa.	772	112	٠:	-	29,018	20,393	351	338	30	17	43	-
E.N. CENTRAL	1,969	1,020	182	13	106,065	106,355	1,544	2,137	195	118	205	6
Ohio Ind.	442 80	404 95	62 28	3	23,969 8,119	24,246 8,359	309 152	508 311	33 19	19 27	80 28	:
III.	925	92	32	10	32,090	30,486	506	450	68	31	-	5
Mich.	417	382	43	-	33,722	34,020	368	624 244	51	38 3	57 40	
Wis.	105	47	17	-	8,165	9,244	209		24			1
W.N. CENTRAL Minn	669 146	249 30	52 11	11 3	26,849 3,556	28,102 4,187	1,252 90	906 123	98 21	32 3	72 4	1
lowa	39	36	9	3	2,034	2,715	43	77	13	2	18	-
Mo.	350	101	1	•	15,446	14,955	758	540	44 3	17 5	21 1	
N. Dak. S. Dak.	4 7	5 18	4 5	2	165 448	262 555	6 26	14 4	3	-	14	-
Nebr.	34	11	12	2	1,410	1,857	46	40	2	<u>:</u>	5	-
Kans.	89	48	10	1	3,790	3,571	283	108	12	5	9	1
S. ATLANTIC	4,908 62	1,320 43	103 3	40	176,986 2,785	182,235 3,115	2,161 44	4,240 128	351 7	326 4	134 13	1
Del. Md.	62 497	190	10	3	18,371	20,880	268	649	38	25	19	ī
D.C.	434	20	1	1	13,412	12,174	16	42	4	1	.1	-
Va. W. Va.	328 16	195 36	32 22	4	12,905 1,223	13,332 1,286	341 14	303 65	72 5	224 4	11	:
N.C.	264	162	21	-	25,173	26,986	301	769	85	-	31	-
S.C.	166	21 144	1	1	14,039	14,192	40 564	485 624	12 14	5 6	26 21	-
Ga. Fla.	669 2,472	509	13	2 29	33,411 55,667	32,456 57,814	573	1,175	114	57	12	-
E.S. CENTRAL	707	413	60	8	49,839	52,393	706	1,307	169	13	48	2
Ky.	88	143	20	1	5,039	5,292	464	261	59	2	20	-
Tenn. Ala.	324 190	48 166	15 25	2	17,375 14,989	18,465 16,442	154 55	596 336	40 59	10	8 14	2
Miss.	105	56		5	12,436	12,194	33	114	11	1	6	-
W.S. CENTRAL	2,348	731	84	3	66,663	78,577	2,901	1,865	196	504	26	33
Ark. La.	76 340	15 117	5 24	1	6,603 13,449	8,887 13,119	314 150	99 331	5 25	17 16	4 7	1
Okla.	127	68	8	-	6,402	8,479	459	163	42	28	15	•
Tex.	1,805	531	47	2	40,209	48,092	1,978	1,272	124	443	-	32
MOUNTAIN	810	217	27	3	13,453	18,132	3,101	1,477	233	158	44	1
Mont. Idaho	11 10	4	:	:	376 305	505 631	39 125	53 101	10 9	4 4	2	-
Wyo.	6	ż		-	183	390	5	12	3	-	3	-
Colo. N. Mex.	300 49	69 23	3		2,969	4,089 1,987	215 503	182	64 18	69 1	8 4	1
Ariz.	261	76	3 12	1	1,338 4,883	6,160	1,717	217 581	71	53	19	:
Utah	58	25	4	i	495	565	284	128	37	18	3	-
Nev.	115	17	5	-	2,904	3,805	213	203	21	9	5	-
PACIFIC Wash.	5,771 342	1,117	113	24	67,935	98,820	9,151	4,317	728	575 70	89	87
Oreg.	163		7	4	6,366 2,952	8,140 3,637	2,073 1,249	781 532	179 84	70 21	21 4	7 1
Calif.	5,150	989	101	20	57,114	84,771	5,291	2,905	452	468	61	67
Alaska Hawaii	19 97	25 103	3 2		963 540	1,517 755	526 12	49 50	8 5	11 5	3	1 11
Guam	1		-		122	179	9	13	-	2	1	5
P.R.	1,230	69	4	1	1,145	1,763	51	240	41	40	:	3
V.I. Amer. Samoa	32	-	-	-	404	260	1	7	2	-	•	-
	•	•	-	-	65	80	3	2	-	5	-	2

N: Not notifiable

U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending November 26, 1988 and November 28, 1987 (47th Week)

	т —						Menin-								
Reporting Area	Malaria	India	Meas enous	les (Rut	rted*	Total	gococcal Infections	Mu	mps		Pertussi	is	Rubella		
neporting Area	Cum. 1988	1988	Cum. 1988	1988	Cum. 1988	Cum. 1987	Cum. 1988	1988	Cum. 1988	1988	Cum. 1988	Cum. 1987	1988	Cum. 1988	Cum. 1987
UNITED STATES	906	23	2,397	54	319	3,538	2,516	60	4,141	86	2,585	2,285	-	187	324
NEW ENGLAND	68	-	83	-	54	281	218		117	1	176	157	_	9	1
Maine N.H.	3 3		7 67	:	44	3 162	10 23	-	105		24 47	28 39	-	5	1
Vt. Mass.	4 33	-	2	-	2	26 66	16	-	5	1	5	4	-	-	-
R.I.	6	-		-	-	2	95 21	-	7	-	60 17	54 3	-	3 1	
Conn.	19	•	7	•	8	22	53	-	-	•	23	29	-	-	•
MID. ATLANTIC Upstate N.Y.	161 38	10	903 19	:	49 18	582 40	265 126	7	347 96	34 26	228 138	273 156	:	14 2	12 10
N.Y. City N.J.	89 11	10	46 309	-	6 11	463 39	64	-	101	2	8	13	-	7	1
Pa.	23	-	529	-	14	40	63 12	7	53 97	6	15 67	17 87	-	3 2	1
E.N. CENTRAL	48	•	141	51	108	383	349	5	812	1	238	255	-	31	40
Ohio Ind.	11 4	:	2 57	51§	83	5	127 26	:	113 73	•	49 74	74 17	:	1	:
III. Mich.	3 23	•	56 26	•	16 5	203 29	74 82	- 5	295 215	i	44 35	17 47	•	26	29
Wis.	7		- 20		4	146	40	-	116		36	100	:	4	9 2
W.N. CENTRAL Minn.	18	-	11	-	3	230	91	-	191	3	127	135	-	2	2
lowa	6 2	:	10	:	1 1	39	19	:	34	3	49 33	13 57	:	:	1
Mo. N. Dak.	6	:	1	-	1	189 1	34 1	-	40	-	22 11	33 13	-	-	-
S. Dak.	-	-	-	-	-		4	-	1	:	5	3	-	:	-
Nebr. Kans.	1 3	:	-	-	-	1	12 21	-	11 105	-	7	1 15	-	2	1
S. ATLANTIC	119	11	395	-	22	167	434	9	674		239	305	-	18	19
Del. Md.	1 20		11		5	32 7	2 52	-	1 129	-	7 46	5 19	-	1	2
D.C.	12		-	-	-	1	8	5	269		1	-	-	-	1
Va. W. Va.	20 3	11	218 6		2	1	51 7	-	136 17	-	23 8	52 39	-	11	1
N.C. S.C.	16 10	-		-	5	6 2	67 36	-	51 6	•	65 1	119	-	1	1
Ga. Fla.	6 31	-	160	-	10	10	68	2	31	-	36	23	-	2	2
E.S. CENTRAL	19		70	-	10	108 8	143 238	2	34 442	-	52	48	•	3	9
Ky.	-	-	35	-	-	-	54	-	210	-	100 12	48 2	-	2	3 2
Tenn. Ala.	10	-	1	-		4	130 39	3	214 15	-	29 55	15 24	-	2	1
Miss.	9	-	34	-	-	4	15	N	Ň	-	4	7	-		
W.S. CENTRAL Ark.	78 4	-	14	-	3 1	448	171 20	24 9	813	•	203	276	-	11	11
La.	12			-	-	-	48	9	125 297	-	25 18	13 50	-	4	2
Okla. Tex.	10 52		8 6	-	2	4 444	19 84	6	197 194		62 98	162 51	-	1 6	5 4
MOUNTAIN	42	1	118	3	33	496	75	2	204	39	779	203		6	25
Mont. Idaho	5 2	1	6	3†	31 1	128	2	1	2	5	2	6	-	-	8
Wyo.	-	-		-	-	2	-	i	5 4	-	328 2	71 5	-	:	1
Colo. N. Mex.	14 2	-	112		1 -	9 317	19 11	N	32 N	1	29 52	66 12	•	2	-
Ariz.	13 4	-	-	-	-	36	18	-	137	32	338	33	-	-	5
Utah Nev.	2	-	-		-	1 3	15 2	-	7 17	1 -	27 1	10	-	3 1	10
PACIFIC	353	1	662	-	47	943	675	10	541	8	495	633	-	94	211
Wash. Oreg.	22 16	-	7 6	-	2	44 100	62 41	5 N	57 N	1 2	111 48	95 71	-	-	2
Calif.	301 3	1	645 1	-	37	794 1	549 6	3	442	5	271	225	-	66	135
Alaska Hawaii	11	-	3	-	8	4	17	2	13 18	:	7 58	6 236	-	28	2 70
Guam	-	-	-	-	1	2	-	-	2	-	-		-	1	1
P.R. V.I.	2	-	226	:	-	771 -	11	-	10 33	-	15	20		3	3 1
Amer. Samoa	-	-	-	-	-	1	2	-	3	-	-	-	•	•	-
C.N.M.I.	1	-	-	•	-	-	1	-	2	•	-	-	-	-	-

\*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International <sup>5</sup>Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending November 26, 1988 and November 28, 1987 (47th Week)

Reporting Area		(Civilian) Secondary)	Toxic- shock Syndrome	Tuber	culosis	Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988
UNITED STATES	36,311	32,049	313	19,003	19,306	170	356	596	3,867
NEW ENGLAND	1,079	576	24	501	577	4	35	12	15
Maine N.H.	12 6	1 3	4 5	20 11	22 18	-	-	-	1 5
Vt.	3	4	2	4	14	•	1	-	-
Mass. R.I.	397 30	273 11	10	298 39	317 58	3	21 6	7 2	-
Conn.	631	284	3	129	148	1	7	3	9
MID. ATLANTIC	8,713	5,923	46	3,892	3,535	-	69	19	449
Upstate N.Y. N.Y. City	542 6,058	225 4,392	22 6	499 2,175	467 1,734	:	15 41	11 6	43
N.J.	903	650	3	604	623	-	11	•	14
Pa.	1,210	656	15	614	711	-	2	2	392
E.N. CENTRAL Ohio	1,051 98	799 101	45 31	2,128 403	2,137 382	1	33 8	36 24	139 E
Ind.	49	54	1	220	219		2	2	29
III.	483	403	.1	929	962	:	17	7	29
Mich. Wis.	390 31	187 54	12	480 96	487 87	1	4 2	2 1	34 42
W.N. CENTRAL	220	166	43	471	559	77	4	91	419
Minn.	17	18	5	77	110	3	2	2	124
lowa Mo.	23 145	26 76	7 12	52 231	38 302	47	2	- 55	13 20
N. Dak.	1	1	3	15	13	1	-	-	97
S. Dak. Nebr.	28	11 14	4	33 14	24 25	16 3	:	7 1	112 18
Kans.	6	20	8	49	47	7	:	26	35
S. ATLANTIC	12,870	10,985	19	4,065	4,100	5	42	197	1,337
Del. Md.	94 651	65 566	1 3	38 386	38 357	2	3	1 22	57 293
D.C.	621	359	-	175	144	-	2		13
Va.	399	297	-	372	397	2	12	17	338
W. Va. N.C.	37 748	13 657	9	66 466	93 503	-	1 2	2 107	92 8
S.C.	671	668	3	438	420	-	-	22	115
Ga. Fla.	2,306 7,343	1,527 6,833	3	656 1,468	721 1,427	1	7 15	23 3	275 146
E.S. CENTRAL	1,828	1,748	24	1,548	1,740	11	3	89	276
Ky.	59	23	10	337	399	5	1	29	111
Tenn. Ala.	796 524	699 456	10 3	476 467	526 503	5	1	38 10	69 88
Miss.	449	570	ĭ	268	312	1	i	12	8
W.S. CENTRAL	3,988	4,003	29	2,403	2,266	53	8	137	493
Ark. La.	225 785	233 746	2	278 306	269 285	34	4	30 2	83 10
Okla.	137	164	9	218	216	16	-	89	31
Tex.	2,841	2,860	18	1,601	1,496	3	4	16	369
MOUNTAIN Mont.	782 3	646 9	35	510 31	581 15	11	11 1	11 6	346 192
Idaho	3	5	5	19	29	-	-	1	11
Wyo. Colo.	1 99	3 112	3	5 57	2 142	2 5	3	3 1	38 28
N. Mex.	47	54	2	88	85	2	1	-	11
Ariz. Utah	153	274	16	225 29	252 25	1 1	6	-	41 9
Nev.	15 461	23 166	9	56	31		-	•	16
PACIFIC	5,780	7,203	48	3,485	3,811	8	151	4	393
Wash.	196	148	8	204	221	1	13 7	1	-
Oreg. Calif.	279 5,263	276 6,761	1 38	135 2,959	117 3,238	4	126	1 2	376
Alaska	14	4	-	41	56	2	-	-	17
Hawaii	28	14	1	146	179	-	5	-	-
Guam P.R.	3 605	2 832	-	21 216	26 270	-	5	-	64
V.I.	2	9	-	6	2	-	-	-	-
Amer. Samoa C.N.M.I.	1	-		3 17	9	-	1	-	-

TABLE IV. Deaths in 121 U.S. cities,\* week ending November 26, 1988 (47th Week)

	T	All Ca	uses, B	y Age	(Years)		P&I**		<u> </u>	All Car	ıses, B	y Age	(Years)	_	<u></u>
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65		25-44	1-24	<1	P&I** Total
NEW ENGLAND	558	383	104	41	14	16	40	S. ATLANTIC	1,105	654	250	110	32	59	46
Boston, Mass.	160	101	28	14	10	7	19	Atlanta, Ga.	120	59	33	13	4	11	2
Bridgeport, Conn. Cambridge, Mass.	33 15	23 12	7 3	2	•	1	2	Baltimore, Md.	295	185	57	30	8	15	10
Fall River, Mass.	21	17	3	1	-	-	1	Charlotte, N.C. Jacksonville, Fla.	64 76	43 40	15 20	5 7	-	1	9
Hartford, Conn.§	59	36	12	7	2	2	2	Miami, Fla.	82	40	21	15	7 2	2	2
Lowell, Mass. Lynn, Mass.	26	16	7 3	. 3	-	-	1	Norfolk, Va.	53	29	14	2	2	6	3
New Bedford, Mass.	23 25	19 23	2	1	-	-	1	Richmond, Va.	63	37	17	7	1	1	9
New Haven, Conn.	24	13	6	3	2	-	7	Savannah, Ga. St. Petersburg, Fla.	59 63	41 54	12 6	5 2	1	-	4
Providence, R.I.	27	20	4	3	-	-		Tampa, Fla.	60	36	15	6	1	1 2	1
Somerville, Mass. Springfield, Mass.	8 39	6 20	2 12	4	•	3	•	Washington, D.C.	152	75	35	1 <u>8</u>	6	18	ī
Waterbury, Conn.	29	25	4	4	-	3	1	Wilmington, Del.	18	13	5	-	-	-	-
Worcester, Mass.	69	52	11	3	-	3	ż	E.S. CENTRAL	561	358	109	50	13	30	33
MID. ATLANTIC	2,503	1,667	472	232	64	67	121	Birmingham, Ala.	93 59	55	21	6	1	10	1
Albany, N.Y.	42	31	8	2	1	-	3	Chattanooga, Tenn. Knoxville, Tenn.§	80	45 55	10 16	5	1 4	3	2 7
Allentown, Pa. Buffalo, N.Y.	17 100	14	1	1	1	-	1	Louisville, Ky.	45	33	5	5	-	2	3
Camden, N.J.	43	73 26	18 6	6 4	2	1 4	9	Memphis, Tenn.	138	78	30	16	4	10	17
Elizabeth, N.J.	8	3	4	ī	-	-	1	Mobile, Ala. Montgomery, Ala.	38 21	32 16	3	2	1	-	-
Erie, Pa.t	29	28		1	-	-	1	Nashville, Tenn.	87	44	21	1 15	2	1	3
Jersey City, N.J.§ N.Y. City, N.Y.	57 1,451	39 926	10 279	6 161	1 45	1 40	1 61		1,494	920	331	151	52	38	50
Newark, N.J.	41	15	7	10	45	8	°6	Austin, Tex.	45	35	331	5	1	30 1	6
Paterson, N.J.	23	13	6	3	1	-	ž	Baton Rouge, La.	31	20	8	-	-	ġ	ĭ
Philadelphia, Pa. Pittsburgh, Pa.†	297 67	203 49	64 14	17 4	4	9	11	Corpus Christi, Tex.§ Dallas, Tex.	48 154	37 91	10	1	-	-	1
Reading, Pa.	28	21	5	1	1	-		El Paso, Tex.	25	10	33 11	18	7 3	5 1	6 1
Rochester, N.Y.	88	66	16	5	:	1	šl	Fort Worth, Tex	92	68	13	5	3	3	3
Schenectady, N.Y.	42	35	6	1	-	-		Houston, Tex.§	734	436	169	89	24	16	18
Scranton, Pa.† Syracuse, N.Y.	21 85	17 59	3 15	1 5	3	3	2 5	Little Rock, Ark. New Orleans, La.	33 112	17 64	12 29	2 13	2 4	2	1
Trenton, N.J.	13	10	2	1			1	San Antonio, Tex.	111	66	20	14	5	4	4
Utica, N.Y.§	23	19	2	1	1		-	Shreveport, La.	27	18	6	2	-	1	ž
Yonkers, N.Y.	28	20	6	1	1	-	1	Tulsa, Okla.	82	58	17	2	3	2	7
E.N. CENTRAL Akron, Ohio	1,893 39	1,289	370 6	131	33	70	80	MOUNTAIN Albuquerque, N. Mex	556 53	350 26	122 12	49	15	20	21
Canton, Ohio	20	15	4	3 1	2	5	1	Colo. Springs, Colo.	. 19	12	5	11 1	4 1	-	1 2
Chicago, III.§	564	362	125	45	10	22	16	Denver, Colo.	82	47	16	Ż	ġ	9	ร้
Cincinnati, Ohio	143	103	20	9	6	5	18	Las Vegas, Nev.	82	54	20	6	2	-	6
Cleveland, Ohio Columbus, Ohio	118 123	80 77	26 28	7 11	1 3	4	7	Ogden, Utah Phoenix, Ariz.	19 152	14 93	3 37	1 12	3	1 7	3
Dayton, Ohio	77	54	11	'7	1	4	1	Pueblo, Colo.	19	17	2	-	-	΄.	1
Detroit, Mich.	144	98	24	14	1	7	2	Salt Lake City, Utah	42	27	10	3	-	2	-
Evansville, Ind.	35 43	28	2	3	-	2	-	Tucson, Ariz.	88	60	17	8	2	1	5
Fort Wayne, Ind. Gary, Ind.	17	28 11	10 3	3 1	1	1	3		1,472 10	974 8	259	148	50	38	77
Grand Rapids, Mich.	44	30	7	2	2	3	7	Berkeley, Calif. Fresno, Calif.	34	24	4	2 1	-	5	2
Indianapolis, Ind.	151	102	28	13	-	8	1	Glendale, Calif.§	15	13	2		:	-	-
Madison, Wis. Milwaukee, Wis.	36 84	30 67	5 13	4	1	-	3	Honolulu, Hawaii	62	43	12	4	3	-	7
Peoria, III.§	53	42	8	2	:	1	4	Long Beach, Calif. Los Angeles Calif.§	58 420	36 282	14 65	7	-	1	.3
Rockford, III.	36	22	10	1	1	ż	2	Oakland, Calif.	45	28	7	47 5	19 3	4 2	17 1
South Bend, Ind.	33 73	16	13	2	1	1	-	Pasadena, Calif.	26	19	6	ĭ	-	-	i
Toledo, Ohio Youngstown, Ohio	60	53 48	18 9	1 2	1	1	7 1	Portland, Oreg.	131	92	21	8	5	5	8
W.N. CENTRAL	658	473	115					Sacramento, Čalif. San Diego, Calif.	78 143	54 88	13 23	6 14	3	.2	8
Des Moines, Iowa	36	29	5	36 1	19 1	15	39 1	San Francisco, Calif.	110	66	23	15	8 2	10 4	6 3
Duluth, Minn.	20	14	5	1	-			San Jose, Calif.	153	98	27	23	4	1	10
Kansas City, Kans.	24	17	3	2	2	-	1	Seattle, Wash.	102	56	27	13	3	3	•
Kansas City, Mo. Lincoln, Nebr.	116 36	74 24	25 11	6 1	4	7	9	Spokane, Wash. Tacoma, Wash.	59 26	50 17	7 8	1	•	1	10
Minneapolis, Minn.	142	103	26	10	1	2	13	1				1	-		1
Omaha, Nebr.	44	29	10	3	-	2	6	IOIAL	10,800†1	7,008	2,132	948	292	353	507
St. Louis, Mo.	122	98	9	6	8	1	-	l							
St. Paul, Minn. Wichita, Kans.	62 56	49 36	9 12	2 4	3	2 1	3								
				•	3	'	3	1							

<sup>\*</sup>Mortality data in this table are voluntarily reported from 121 cities in the United states, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

<sup>\*\*</sup>Pneumonia and influenza.

TBecause of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week.

Complete counts will be available in 4 to 6 weeks.

Total includes unknown ages.

<sup>§</sup>Data not available. Figures are estimates based on average of past available 4 weeks.

Influenza - Continued

Two other isolates of influenza B reported from Houston were recovered from specimens obtained from two children, aged 5 and 10 years, on November 1 and 2, respectively; these children were patients of a pediatrician serving as a sentinel physician for the Baylor College of Medicine Influenza Research Center. In addition, three isolates of influenza type B have been recovered from specimens obtained from children 9, 11, and 12 years of age in Austin, Texas, since late October. Influenza B virus has also been isolated from a 4-year-old child in Arizona and a 1-year-old child in Michigan.

Influenza type A virus has been reported from Maryland and Hawaii. The first case occurred in a 27-year-old male student in Bethesda, Maryland. He had onset of severe headache, sore throat, myalgias, arthralgias, and fever of 103 F (39.4 C) on November 9. A throat swab obtained on November 10 by a physician participating in the Sentinel Physician Surveillance Network yielded influenza type A virus, identified by rapid culture confirmation on November 14. The health center at the student's university has since noted an increase in cases of influenza-like illness, but specimens obtained from other ill persons at the university have not yielded influenza viruses. One other case of influenza type A has been reported; this case occurred in a 33-year-old woman in Hawaii during early November.

Further antigenic analysis of the isolates obtained from the sporadically occurring cases and the cases in the outbreak of influenza B continues. Also, subtyping of the influenza A viruses is pending.

Reported by: L McAllister, T Payton, Ohio Dept of Health. Participating state and territorial epidemiologists and state laboratory directors. WHO Collaborating Laboratories. Sentinel Physicians of the American Academy of Family Physicians. Influenza Research Center, Baylor College of Medicine, Houston, Texas. Div of Surveillance and Epidemiologic Studies, Epidemiology Program Office; WHO Collaborating Center for Influenza, Influenza Br, and Epidemiology Office. Div of Viral Diseases, Center for Infectious Diseases, CDC.

#### Reference

1. CDC, Influenza – United States, 1987–88 season. MMWR 1988;37:497–503.

# Periconceptional Use of Multivitamins and the Occurrence of Anencephaly and Spina Bifida

In 1988, CDC completed the analysis of data collected in 1982 and 1983 from a population-based case-control study to evaluate the association between periconceptional multivitamin use\* and the occurrence of anencephaly or spina bifida (neural tube defects [NTDs]). Results of this study suggest that mothers who were periconceptional multivitamin users were at lower risk of having babies with NTDs than were mothers who did not use multivitamins (1).

In 1982 and 1983, the Atlanta Birth Defects Case-Control (ABDCC) Study obtained information from parents of babies with serious malformations identified through the Metropolitan Atlanta Congenital Defects Program. Information was gathered also from a randomly selected group of parents of babies without birth defects from the

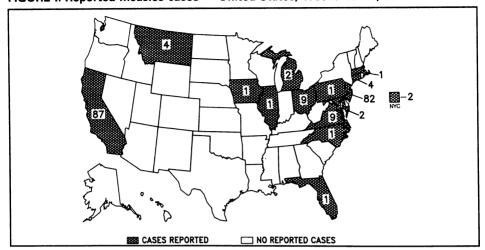
<sup>\*</sup>Periconceptional multivitamin use was defined as regular multivitamin or prenatal vitamin use during every month of a 6-month periconceptional period (i.e., 3 months before conception through the first 3 months of pregnancy).

#### Multivitamins - Continued

- Erickson JD, Mulinare J, McClain PW, et al. Vietnam veterans' risks for fathering babies with birth defects. JAMA 1984:252:903–12.
- 3. CDC. Vietnam veterans' risks for fathering babies with birth defects. Atlanta: US Department of Health and Human Services, Public Health Service, 1984.
- Smithells RW, Nevin NC, Seller MJ, et al. Further experience of vitamin supplementation for prevention of neural tube defect recurrences. Lancet 1983;1:1027–31.
- Yates JR, Ferguson-Smith MA, Shenkin A, Guzman-Rodriguez R, White M, Clark BJ. Is disordered folate metabolism the basis for the genetic predisposition to neural tube defects? Clin Genet 1987;31:279–87.
- Trotz M, Wegner C, Nau H. Valproic acid-induced neural tube defects: reduction by folinic acid in the mouse. Life Sci 1987:41:103

  –10.

FIGURE I. Reported measles cases - United States, Weeks 43-46, 1988



The Morbidity and Mortality Weekly Report is prepared by the Centers for Disease Control, Atlanta, Georgia, and available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238.

The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: Editor, Morbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333.

Director, Centers for Disease Control James O. Mason, M.D., Dr.P.H. Acting Director, Epidemiology Program Office Michael B. Gregg, M.D. Editor Richard A. Goodman, M.D., M.P.H. Managing Editor Karen L. Foster, M.A.

☆U.S. Government Printing Office: 1989-631-108/81537 Region IV

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service Centers for Disease Control Atlanta. GA 30333

Official Business
Penalty for Private Use \$300

FIRST-CLASS MAIL
POSTAGE & FEES PAID
PHS/CDC
Permit No. G-284

Z4 \*HCRU9FISD22 8721 DANIEL B FISHBEIN, MD CID, VRL 7-844 G13 X